

ALABAMA STATE BOARD OF CHIROPRACTIC EXAMINERS

APPLICATION FOR EXTERN/ INTERN PROGRAM

PLEASE NOTE: PARTICIPATION IN THIS PROGRAM IS NOT REQUIRED. 6/15/10

Complete all sections and return to:

Alabama State Board of Chiropractic Examiners
126 Chilton Place
Clanton AL 35045

PRINT OR TYPE

LAST NAME FIRST NAME MIDDLE NAME

MAILING ADDRESS CITY STATE ZIP CODE

SOCIAL SECURITY NUMBER PHONE NUMBER

APPLYING FOR: PRE GRADUATE INTERN POSTGRADUATE EXTERN

CHIROPRACTIC COLLEGE (ANTICIPATED) GRADUATION DATE

NAME OF REQUESTED SUPERVISING PRECEPTOR DOCTOR

REQUESTED BEGINNING DATE AS EXTERN / INTERN

INTENDED ALABAMA EXAMINATION DATE

NOTE: A COMPLETED APPLICATION FOR LICENSURE WHICH INCLUDES ALL REQUIRED DOCUMENTS AND FEE MUST BE ON FILE IN THE EXECUTIVE DIRECTORS OFFICE IN ORDER FOR THIS APPLICATION TO BE CONSIDERED BY THE PRECEPTOR DIRECTOR.

**ADDITIONAL DOCUMENTATION REQUIRED:
TWO (2) WRITTEN RECOMMENDATIONS FROM CLINIC FACULTY**

I AM A STUDENT OR RECENT, UNLICENSED GRADUATE AND I HAVE REVIEWED SECTION 34-24-145, CODE OF ALABAMA, 1975 AND THE BOARD RULES CONTAINED IN CHAPTER 190-X-7 PERTAINING TO MY PARTICIPATION IN THE EXTERN / INTERN PROGRAM. BY EXECUTING THIS APPLICATION AND AS A CONDITION TO PARTICIPATING IN THE EXTERN / INTERN PROGRAM, I AGREE TO COMPLY WITH ALL THE PROVISIONS OF THE ALABAMA CHIROPRACTIC PRACTICE ACT AND ALL RULES ADOPTED BY THE BOARD.

SIGNATURE OF APPLICANT DATE

SWORN TO BEFORE ME THIS _____ DAY OF _____, 20__.

NOTARY SIGNATURE AND SEAL

YOUR APPLICATION WILL BE REVIEWED BY THE PRECEPTOR DIRECTOR. IF YOU HAVE ANY QUESTIONS CONTACT THE BOARD OFFICE AT 205-755-8000 OR 1-800-949-5838